**Application Form for claiming reimbursement of Medical Expenses incurred in connection with medical treatment of Central Govt. Servant & their families.**

|  |  |  |
| --- | --- | --- |
| 1. | Name & Designation of the Govt. Servant |  |
| (i)(ii) | Whether Married or Unmarried |  |
| The Place where wife/ Husband is employed. |  |
| 2. | Office in which employed |  |
| 3. | Pay of the Govt. Servant |  |
| 4. | Place of Duty |  |
| 5. | Actual residential address |  |
| 6. | Name of the patient & relationship |  |
| 7. | Place at which the patient fell ill |  |
| 8. | Details of the amount claimed. |  |
| (a)(b)(c)(d) | The name & Designation of M.O. |  |
| The No. & Dt. of consultations |  |
| Charges for pathological/other tests |  |
| Costs of medicines purchased from the market |  |
| 9. | Total amount claimed |  |
| 10. | List of enclosures |  |

Dated:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the Govt. Servant

Forwarded to DDO, I.C.F.RE.

**ABSTRACT OF MEDICAL CLAIM**

|  |  |  |
| --- | --- | --- |
| 1. | Name of the Govt. Servant with designation and Section and Pay drawn. |  |
| 2. | Residential address and place where the patient fell ill. |  |
| 3. | Name of Patient his/her relationship with the Govt. Servant. |  |
| 4. | Name of the disease and period of medical treatment as given in Certificate “A” |  |
| 5. | Name of the A.M.A. and hospital |  |
| 6. | Number and date of consultation |  |
| 7. | Medicines prescribed and included in Certificate “A” |  |
| Name of dealer  | No. & date bill/ Cash Memo | Name of Medicines  | Qty. | Amount. |
|  |  |  |  |  |
| 8. | Radiology and other tests |  |
| 9. | Other Charges |  |
|  | Grant Total |  |

Declaration to be signed by the Government Servant.

 I hereby declare that the particulars furnished above are correct to the best of my knowledge and belief.

Full Signature of the Govt. Servant

Scrutinised for Rs..........................

DDO/ICFRE, Dehradun.